

Central Contractor Registration Form

Please type or print legibly in black ink. Information must be legible for registration to be processed in a timely manner.

This form is to be printed out and faxed or mailed to the fax number or address at the bottom of the form.

(M) = Mandatory field. Data must be entered for registration to be complete.

General Information

DUNS Number¹ (M): _____ CAGE Code² (M) if foreign: _____

Legal Business Name (M): _____

Doing Business As: _____

Tax ID #³ (M): _____ OR Social Security Number: _____

Division Name: _____ Division Number: _____

Physical Address (M): _____

City (M): _____ State (M): _____

Zip/Postal Code (M): _____ Country (M): _____

Business Start Date (M): _____ Number of Employees (M): _____

Fiscal Year Close Date (M): _____ Annual Revenue (M): _____

Corporate Web Page URL (Company website address): _____

Type of Organization (M):

- ☐ Sole Proprietorship ☐ Partnership ☐ Corporate Entity (Tax Exempt)
- ☐ Corporate Entity (Not Tax Exempt) ☐ Federal, State or Local Government ☐ Foreign Government
- ☐ International Organization ☐ Other

State of Incorporation (M): _____ or Country: _____

Business Type(s) (M) Check all that apply:

- ☐ Tribal Government
- ☐ Municipality
- ☐ Nonprofit Institution
- ☐ 8(a) Program Participant
- ☐ Woman Owned Business
- ☐ American Indian Owned
- ☐ S Corporation
- ☐ Educational Institution
- ☐ Sheltered Workshop

- ☐ Construction Firm
- ☐ Foreign Supplier
- ☐ Minority Owned Business
- ☐ Manufacturer of Goods
- ☐ Veteran Owned
- ☐ Labor Surplus Area Firm
- ☐ Research Institute
- ☐ Emerging Business/Other
- Unlisted Type

- ☐ Historically Black College/University
- ☐ Hub Zone
- ☐ Service Location
- ☐ Small Business
- ☐ Small Disadvantaged Business
- ☐ Subgroup
- ☐ Limited Liability Company

1. Data Universal Numbering System (DUNS)– Call Dun & Bradstreet at 1-800-333-0505 or 1-610-882-7000 if unsure.
2. Commercial and Government Entity (CAGE) Code – If you do not have a CAGE Code, one will be assigned to you, call DLIS – Defense Logistics Information Services at 1-888-352-9333 Option 3 if unsure, or check CAGE search web <<http://www.dlis.dla.mil/CAGESearch/>>.
3. Taxpayer Identification Number (TIN) – Call the IRS at 1-800-829-1040 if unsure. The TIN may be used by the Government to collect and report on any delinquent amounts arising out of the offeror's relationship with the Government (31 U.S.C. 7701 (c) (3)).

Goods and Services:

NAICS Codes **(M)** North American Industrial Classification Code to identify what product or service your business provides (6 digit numeric). Search on <http://www.naics.com/search.htm>
<http://www.census.gov/epcd/www/naicstab.htm>

NAICS Code: _____ NAICS Code: _____ NAICS Code: _____

NAICS Code: _____ NAICS Code: _____ NAICS Code: _____

SIC Codes **(M)** Standard Industrial Classification Codes identify what type of activity your business performs (4 or 8 digit numeric). Search on <http://www.osha.gov/oshstats/sicser.html>

SIC Code: _____ SIC Code: _____ SIC Code: _____

SIC Code: _____ SIC Code: _____ SIC Code: _____

Electronic Funds Transfer (EFT) Information:

Financial Institution Name **(M)**: _____

ABA Routing Number **(M)**: _____

Account Number **(M)**: _____ Must indicate type of account **(M)**
☐ Checking OR ☐ Savings

Lockbox Number: _____ Authorization Date **(M)**: _____

Automated Clearing House (ACH=Bank) **(M)** at least one method of contact must be entered

ACH U.S. Phone Number: _____

ACH Fax (U.S. Only): _____

ACH Non-U.S. Phone: _____

ACH Email: _____

Do you (the Registrant) use or accept Credit Cards ☐ Yes ☐ No
as a method of Purchase or Payment? **(M)**:

Address Information:

Remittance Address **(M)** (What is the "Remit to" address on your invoice/bill?)

Name: _____

Address: _____

City, State, Zip/Postal Code _____

Country: _____

Mailing Address Information **(M)** if other than your legal address identified on the General Information Page. P.O. Box is acceptable here.

Name: _____

Address: _____

City, State, Zip/Postal Code: _____

Country: _____

Party Performing Certification **(M)** if approved for 8a certification through the SBA

Name: _____

Address: _____

City, State, Zip/Postal Code: _____

Country: _____

Registration Acknowledgement and Point of Contact Information:

Note: The Registrant acknowledges that the information provided is current, accurate, and complete.

Point of Contact Name **(M)**: _____

U.S. Phone **(M)**: _____ Ext.: _____

Non U.S. Phone: _____ Ext.: _____

Fax (U.S. Only): _____

Email: _____

Alternate Point of Contact Information **(M)**:

Name **(M)**: _____

U.S. Phone **(M)**: _____ Ext.: _____

Non U.S. Phone: _____ Ext.: _____

Registration Acknowledgement and Point of Contact Information continued:

Accounts Receivable Contact **(M)**:

Name **(M)**: _____

U.S. Phone **(M)**: _____ Ext.: _____

Non U.S. Phone: _____ Ext.: _____

Fax (U.S. Only): _____

Email: _____

Owner Information **(M)** if Sole Proprietorship:

Name: _____

U.S. Phone: _____ Ext.: _____

Non U.S. Phone: _____ Ext.: _____

Fax (U.S. Only): _____

Email: _____

You may enter directly on the web at www.ccr.dlis.dla.mil

You may mail or fax completed registration to:

Department of Defense
Central Contractor Registration
74 Washington Avenue N Ste. 7
Battle Creek, MI 49017-3084

FAX: 616-961-7243

For registration assistance call 1-888-227-2423 or 1-616-961-4725